



For office use only

HH: \_\_\_\_\_

Referral ☐ \_\_\_\_\_

Rep#: \_\_\_\_\_

Grant amount: \_\_\_\_\_

**Please use black ink to complete your application**

# **2014-2015 MINNESOTA ENERGY PROGRAMS APPLICATION**

**Before completing this application, carefully read the enclosed "Your Rights and Responsibilities" and Instructions.**

## **Part 1. Personal Information**

**Your Social Security Number:** \_\_\_\_\_

Disclosure of Social Security Number for the primary applicant is required. If you do not provide your verifiable social security number, your application cannot be processed. AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i) USE: The State will use Social Security Numbers in the administration of the LIHEAP to verify information supplied on the application, to prevent, detect, and correct fraud, waste, and abuse, and for the purpose of responding to requests for information from agency programs funded by block grants to states for temporary assistance for families in need.

**Your Name:**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name \_\_\_\_\_

**Current Home Address:**

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address** (if different from Home Address):

Street or PO Box \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Township \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Daytime - Other Phone (\_\_\_\_) \_\_\_\_\_ (if different from home phone) \_\_\_\_\_

**Primary language spoken in home** \_\_\_\_\_

**Authorized Representative:** An "Authorized Representative" is someone you give permission (in writing) to act for you. This person will get all of your mail for this program if you include his/her address below.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Street or PO Box \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ - \_\_\_\_\_

**YOU MUST SIGN AND DATE THIS APPLICATION AT THE BOTTOM OF  
THE LAST PAGE.**

## **Part 2. Household Information**

### **LIST ALL HOUSEHOLD MEMBERS STARTING WITH YOU.**

#### **1. Household member (self)**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Social Security Number (*required*) \_\_\_\_\_

Date of Birth (MM / DD / YYYY) \_\_\_\_\_

Race (Enter the letter from the list below) \_\_\_\_\_

**A**=Asian   **W**= White or Caucasian   **O**= Native Hawaiian or Other Pacific  
Islander   **B**=Black or African American   **I**=American Indian or Native  
Alaskan

Hispanic   ☐ Yes   ☐ No

Sex   ☐ Male   ☐ Female

Disability   ☐ Yes   ☐ No

Years of School: \_\_\_\_\_

Are you a Veteran? ☐ Yes ☐ No

Do you have income? ☐ Yes ☐ No

## 2. Household member 2

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Social Security Number (*required*) \_\_\_\_\_

Date of Birth (MM / DD / YYYY) \_\_\_\_\_

Race (Enter the letter from the list below) \_\_\_\_\_

**A**=Asian **W**= White or Caucasian **O**= Native Hawaiian or Other Pacific  
Islander **B**=Black or African American **I**=American Indian or Native  
Alaskan

Hispanic ☐ Yes ☐ No

Sex ☐ Male ☐ Female

Disability ☐ Yes ☐ No

Years of School: \_\_\_\_\_

Veteran? ☐ Yes ☐ No

Have income? ☐ Yes ☐ No

### **3. Household member 3**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Social Security Number (*required*) \_\_\_\_\_

Date of Birth (MM / DD / YYYY) \_\_\_\_\_

Race (Enter the letter from the list below) \_\_\_\_\_

**A**=Asian **W**= White or Caucasian **O**= Native Hawaiian or Other Pacific Islander **B**=Black or African American **I**=American Indian or Native Alaskan

Hispanic ☐ Yes ☐ No

Sex ☐ Male ☐ Female

Disability ☐ Yes ☐ No

Years of School: \_\_\_\_\_

Veteran? ☐ Yes ☐ No

Have income? ☐ Yes ☐ No

***Attach a separate sheet if necessary for any additional household members.***

Is anyone in your household currently an employee *or* board member of this energy assistance agency? ☐ Yes ☐ No

## **SOURCES OF INCOME AND OTHER ASSISTANCE**

- ☐ Wages
- ☐ Self-Employment/Farm Income\*  
Date Business started: \_\_\_\_\_
- ☐ Rental Income
- ☐ Unemployment Compensation
- ☐ Workers' Compensation
- ☐ Interest or Dividend Income
- ☐ Contract for Deed Interest
- ☐ Veterans' Benefits
- ☐ Social Security Retirement Benefits
- ☐ Social Security Disability Income (SSDI)
- ☐ Supplemental Security Income (SSI)
- ☐ Retirement Survivors Disability Insurance (RSDI)
- ☐ Retirement Income



- ☐ Pension/Annuity (including quarterly and annual)
  - ☐ Tribal Bonus, Judgments or Per Capita Payments
  - ☐ Diversionary Work (DWP)
  - ☐ Long/Short-term Disability
  - ☐ MFIP
  - ☐ General Assistance (GA)
  - ☐ Alimony or Spousal Support
  - ☐ Other:
- 
- ☐ Child Support (is not income)
  - ☐ Food Support (is not income)
  - ☐ Earned Income Tax Credit
  - ☐ No Income (contact local EAP Service Provider)

## **Important:**

Send proof of all gross income received by all people in your household in the last 3 full calendar months. Send copies, originals will not be returned. Wages for children in grades K-12 are not counted.

---

\*If self-employed, send first 2 pages of your most recent IRS-1040 tax return. Contact your local EAP Service Provider if your business was started less than two years ago.

---

Your application will be delayed if you do not include proof of income.

---

You must sign and date the last page of the application. It must be postmarked or received on or before:

**June 1, 2015.**

<b>If you sign application in:</b>	<b>Send proof of gross income received in the months of:</b>
Aug 2014	May, June, July 2014
Sept 2014	June, July, Aug 2014
Oct 2014	July, Aug, Sept 2014
Nov 2014	Aug, Sept, Oct 2014
Dec 2014	Sept, Oct, Nov 2014
Jan 2015	Oct, Nov, Dec 2014
Feb 2015	Nov, Dec 2014, Jan 2015
Mar 2015	Dec 2014, Jan, Feb 2015
Apr 2015	Jan, Feb, March, 2015
May 2015	Feb, March, April 2015
June 2015	March, April, May 2015

**For EAP, your household income cannot be more than these income guidelines for three months:**

<b>Household Size</b>	<b>Income</b>
<b>1</b>	\$5,838
<b>2</b>	\$7,635
<b>3</b>	\$9,431
<b>4</b>	\$11,228
<b>5</b>	\$13,024
<b>6</b>	\$14,821
<b>7</b>	\$15,157
<b>8</b>	\$15,494
<b>9</b>	\$15,831
<b>10</b>	\$16,168

### **Part 3. Housing Information**

#### **Type of Housing:**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> House           | <input type="checkbox"/> Duplex      |
| <input type="checkbox"/> Apartment/Condo | <input type="checkbox"/> Triplex     |
| <input type="checkbox"/> Townhouse       | <input type="checkbox"/> Fourplex    |
| <input type="checkbox"/> Mobile Home     | <input type="checkbox"/> Other _____ |

How long have you lived in your current home? \_\_\_\_\_Years\_\_\_\_Months

Do you pay for rent or mortgage? ☐ Yes ☐ No

If **yes**, amount: \_\_\_\_\_ (required)

#### **Renters:**

Do you get a rent subsidy or do you live in subsidized housing? ☐Yes ☐No

Is heat included in your rent? ☐Yes ☐No

Is electricity included in your rent? ☐Yes ☐No

Landlord's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## **Homeowners:**

Do you own or are you buying your home? ☐Yes ☐No

Are you having problems with your furnace? ☐Yes ☐No

If yes, please describe problem:

Keep our phone number and call us if you have furnace problems.

## **Business Use of Home:**

If you are self-employed, is the business at your home? ☐Yes  
☐No

If Yes, what kind of business and what work is done in your home or on your property?

Do you rent out part of your home to anyone? ☐Yes ☐No

## **Part 4. Heat Sources**

**(Electricity is only a heat source when used to provide the heat one or more rooms.)** Put **1** by the **heating** fuel you use the most and 2 by other heating fuels you use to heat your home.

_____ Oil	_____ Corn
_____ Natural Gas	_____ Pellets
_____ Propane/LP	_____ Other Biofuel
_____ Electricity	_____ Municipal Steam
_____ Wood	_____ St. Paul District Heating

**What energy companies supply heat and electricity to your home?**

<b>Heating</b> Company Name	
Name on Account	
Account number	
<b>Electric</b> Company Name	
Name on Account	
Account number	

**SEND A COPY OF YOUR LAST HEAT AND ELECTRIC BILLS OR FUEL RECEIPT WITH THIS APPLICATION**

**Do you heat with wood, pellets, corn or other biofuel?**

☐ **Yes**    ☐ **No** If **Yes**, answer the next 3 questions:

1. What percent of your heat does this supply? (use chart below)

Circle the percent of heat from wood, corn, pellets, other biofuel.

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Use sometimes			Half of the time			Almost always			All

1. Do you cut your wood or grow fuel corn? ☐ Yes    ☐ No

2. How many bedrooms are in your home? \_\_\_\_\_



If you are having an energy emergency right now, check type of emergency below and send a copy of the notice from your energy company showing the amount owed:

☐ Already disconnected.

Company: \_\_\_\_\_

Disconnect Date: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

☐ Received disconnect notice.

Company: \_\_\_\_\_

Date Scheduled: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

☐ Fuel tank empty (or less than 20% in tank).

What % is in your tank today?: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

**Please contact your energy company to set up a payment plan.**

**Do you use electricity to heat your home?** ☐ **Yes** ☐ **No.**

If yes, check the box(es) below to indicate how it is used.

☐ Furnace fan/blower only

☐ Space heaters used as needed

☐ Space heaters are the only source of heat for one or many rooms. List the room(s): \_\_\_\_\_

☐ Other electric heat used.

*Check all that apply:*

☐ Baseboard Heat

☐ In Floor System

☐ Electric Furnace

☐ Heat Pump

List the rooms where electric heat type above is the **only** source of heat: \_\_\_\_\_

**If you are not registered to vote, would you like a voter registration card? ☐ Yes ☐ No (You do not have to answer this question)**

**Would you like 30 % of your energy assistance benefit paid on your electric bill? ☐ Yes ☐ No**

## **Part 5. Consent and Signature for October 1, 2013 to September 30, 2014**

1. I give my consent for my heating and electric companies to give data about my account and energy use to the Minnesota Department of Commerce (DOC) and DOC's contractors for the Energy Assistance Program (EAP), the Weatherization Assistance Program (WAP) and the Conservation Improvement Program (CIP).
2. I authorize the Social Security Administration and the Minnesota Department of Human Services (MDHS) and its affiliated agencies to share data concerning my Social Security Number and public benefits received within the last year for eligibility for benefits with DOC and DOC's contractors for EAP, WAP and CIP.
3. I authorize Minnesota EAP, WAP, and CIP to:
  - Contact my employer to verify my income.
  - If I rent, to contact my landlord to confirm my residency and/or heating source.

4. I authorize my local EAP, WAP and CIP Service Providers to contact me for outreach and referral.

5. By signing, I affirm that all data in this application is correct. I also acknowledge that:

- I currently reside in the address listed on this application.
- I am signing on behalf of all household members.
- I may have to prove my statements.
- I may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.
- I have rights under EAP, WAP, and CIP. I have received a copy of the "Privacy Notice and Your Rights and Responsibilities" and agree to its terms and conditions.
- I may appeal local Energy Programs Service Provider decisions about my benefits.
- I understand that filling out this application does not guarantee that my household will receive assistance.

<b>Print Name:</b>  <hr/>	<b>Today's Date:</b>  <hr/>
<b>Signature:</b>  <hr/>	

We must receive your application within 60 days of the date you sign it. This application must be postmarked or received by **June 1, 2015.**

Funds may not last, apply early.